



State of Rhode Island

Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2024 JAN 16 P 12:21**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|   |                    |                |
|---|--------------------|----------------|
| 1. The name of the limited liability company is:  |                    |                |
| S.G. TORRICE, LLC   |                    |                |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                    |                |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:   |                    |                |
|   |                    |                |
| 2. The LLC is organized under the laws of: Massachusetts  |                    |                |
| 3. The date of its organization is: 06/08/2023  |                    |                |
| And the period of its duration is: CHECK ONE BOX ONLY   |                    |                |
| <input checked="" type="checkbox"/> Perpetual (on-going)  |                    |                |
| <input type="checkbox"/> Date certain for dissolution _____   |                    |                |
| 4. The name and address of the resident agent/office in Rhode Island is.  |                    |                |
| Agent Name Corporate Creations Network Inc.   |                    |                |
| Street Address (NOT a P.O. Box) 10 Dorrance Street #700   |                    |                |
| City/Town Providence  | State RHODE ISLAND | Zip Code 02903 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  |                    |                |
| Warm air heating and air-conditioning equipment and supplies merchant wholesalers.  |                    |                |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |                |

FILED 12:21

JAN 16 2024

BY 4806H  
KJ**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

c/o Corporate Creations Network Inc. 225 Cedar Hill Street #200 Marlborough, MA 01752

8. The mailing address for the limited liability company is:

751 Lakefront Commons, Newport News, VA 23606

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, DO NOT fill out the chart below)

☒ By one (1) or more managers (List managers below)

| MANAGER                | ADDRESS                                      |
|------------------------|--|
| KRISTA JONES MCANINLEY | 751 LAKEFRONT COMMONS NEWPORT NEWS, VA 23606 |
| RICHARD WINCKLER       | 751 LAKEFRONT COMMONS NEWPORT NEWS, VA 23606 |
| PHILIP D. VALPEY       | 751 LAKEFRONT COMMONS NEWPORT NEWS, VA 23606 |
|                        |  |

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC

S.G. TORRICE, LLC

Date

12/18/23

Signature of Authorized Person

*Sally Pellare, Authorized Person*



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

December 20, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**S.G. TORRICE, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 8, 2023**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **KRISTA JONES MCANINLEY, RICHARD WINCKLER, PHILIP D. VALPEY**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **KRISTA JONES MCANINLEY, RICHARD WINCKLER, PHILIP D. VALPEY**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 16, 2024 12:21 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

